UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2 Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB) 290 Broadway-21st Floor New York, NY 10007-1866 NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmar	k	Date	Received		Notification
I. TYPE OF NOTIFICATION (] O = Original / R = Revis	ed) : Revis	ed			
II. FACILITY INFORMATION (I	dentify owner, removal o	contractor.	and other operato	r)		
OWNER: DASNY			outlet operate	''/		
Address: 515 Broadway						
City: Albany			State: NY		1 710 100	
Contact: Mark Moran			State. 141		ZIP: 122	207
REMOVAL CONTRACTOR: JVN	Restoration Inc				Tel: 518	-257-3481
Address: 47 Foster Road	- Tooloration IIIc.					
City: Staten Island			L Challe No.			
Contact: John Tardy			State: New \	York	ZIP: 103	
,					Tel: 718	-605-6256
Address:						
OTHER OPERATOR:						
Contact:						
III. TYPE OF OPERATION (D = D	Demolition / R = Renova	tion) · P / A	Shootes Dame	10.	Tel:	
IV. IS ASBESTOS PRESENT? (Y	es/No): Yes	uon). K/A	spesios Remova	al Only		
V FACILITY DESCRIPTION (include building name	, number a	and floor or room	number):		
Building: Hunter College						
Address: 919 Lexington Avenue						
Address:						
City: New York			State: NY		County: M	lanhattan
Site Location: 18th and B3 Mechanic	al Areas.					
Building Size	SqMeter:	SqFt:		# of Floors:		Age in Years
Present Use: Other		500,000)			40+
	AL VIIO AL TIETURE			Prior Use: Other		
VI. PROCEDURE, INCLUDING AND OF ASBESTOS MATERIAL: I	ALYTICAL METHOD, IF Bulk/PLM (AHERA)	F APPROPI	RIATE, USED TO	DETECT THE F	RESENCE	
VII. APPROXIMATE OF RACM TO SPECIFY THE AMOUNT OF ASBE	BE REMOVED AND NO	ON-FRIABL	E ASBESTOS M	ATERIAL THAT	WILL NOT B	E DEMOVED
The state of AGE						
Wire Wrap - Linear Feet	to	be removed	os Material to be remo Category II		ble Asbestos Ma loved Category I	terial
			<u> </u>			
PIPES- Linear Meters						
Surface Area - Square Feet				300		
Surface Area - Square Meters						
Volume RACM off Facility Componen						
olume RACM off Facility Componen	t - Cubic Meters					
VIII. SCHEDULED DATES OF ASE	BESTOS REMOVAL:	(MM/DD/Y)	r) Start: 09	0/29/15		
X. SCHEDULED DATES OF DEMOL		(MM/DD/Y	Y) Start:	SIZO/15 Comp	oletion: 09/01/	
		,	·) Start:		Completion	:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOV	VATION WORK, AND N	ETHOD(S) TO) BE USED:
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Negative air machines under HEPA filtration system. Wet M	CONTROLS TO BE USE lethods.	ED TO PREVE	NT EMISSIONS OF
XII. WASTE TRANSPORTER #1			
Name: Vandan Disposal, Inc.			
Address: 1009 Glen Clove Avenue	· · · · · · · · · · · · · · · · · · ·		
City: Glen Head	State: New York		ZIP: 11545
Contact Person:		Telephone:	
WASTE TRANSPORTER #2		Totophone.	
Name: JVN Restoration, Inc.			
Address: 47 Foster Road			
City: Staten Island	State: NY		710. 40000
Contact Person: John Tardy	Otate. N	Tolombanas	ZIP: 10309
XIII. WASTE DISPOSAL SITE		reiepnone:	718-605-6256
Name: Minerva Enterprises Inc.			
Address: 8955 Minerva Rd. SE			
City: Waynesburg	State: OH		710. 44000
Telephone: 330-866-3435	State. On		ZIP: 44688
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY	/ PI FASE IDENTIFY T	HE ACENCY	DELOW.
Name: N/A	Title:	HE AGENCY	BELOW
Authority:	Title.		
Date if Order (MM/DD/YY):	Date Ordered to Begi	- /8484/DD 000	
XV. FOR EMERGENCY RENOVATIONS	Date Ordered to Begi	TI (IVIIVI/DD/YY)):
Date and Hour of Emergency (MM/DD/YY):			= 00
Description of the Sudden, Unexpected Event:			
Parameter of the Guadan, Ghexpected Event.			
Explanation of How the Event caused Unsafe Conditions or Serio	us Disruption of Indus	trial Operatio	n:
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE E PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLE	VENT THAT UNEXPECTOR I	CTED ASBEST REDUCED TO	TOS IS FOUND OR POWDER:
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISION SUBPART M) WILL BE ON-SITE DURING THE DEMOLE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY INSPECTION DURING NORMAL BUSINESS HOURS. (THIS PERSON WILL I Required 1 year after	ON AND EVID	ENCE THAT THE E FOR
Signature of Owner/Operator Project Manager		Date	~
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT		-52 - 50	(10
Signature of Owner/Operator Project Manager		Date	
one Demaktatiff		- Juli	

290 Broadway-21st Floor
NOTIFICATION OF DEMOLITION AND RENCY - REGION 2

100 AGENCY - REGION 2

290 Broadway-21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Contact: Mark Moran REMOVAL CONTRACTOR: JVN Restoration Inc. Address: 47 Foster Road City: Staten Island Contact: John Tardy Address: OTHER OPERATOR: Contact: III. TYPE OF OPERATION (D = Demolition / R = Renovation) : R / Asbest IV. IS ASBESTOS PRESENT? (Yes/No): Yes V FACILITY DESCRIPTION (include building name, number and flo Building: Queensborough Comm. College Address: 222-05 56th Avenue	other operator) State: NY State: New York	zeived Z	Notification ZIP: 12207 Tel: 518-257-3481 ZIP: 10309 Tel: 718-605-6256
II. FACILITY INFORMATION (Identify owner, removal contractor, and of OWNER: DASNY Address: 515 Broadway City: Albany Contact: Mark Moran REMOVAL CONTRACTOR: JVN Restoration Inc. Address: 47 Foster Road City: Staten Island Contact: John Tardy Address: OTHER OPERATOR: Contact: III. TYPE OF OPERATION (D = Demolition / R = Renovation) : R / Asbest IV. IS ASBESTOS PRESENT? (Yes/No): Yes V FACILITY DESCRIPTION (include building name, number and flow Building: Queensborough Comm. College Address: 222-05 56 th Avenue	State: NY State: New York	Z T	Tel: 518-257-3481 ZIP: 10309 Tel: 718-605-6256
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ity: Queens Sta	ate: New York	l Co	untu O
ite Location: Basement, 1 st , 2 nd and 4 th Floor			unty: Queens
uilding Size SqMeter: SqFt:			
esent Use: Other	# of F	-loors:	Age in Years 50+
	D: U		
PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, OF ASBESTOS MATERIAL: Bulk/PLM (AHERA)	E, USED TO DETE	CT THE DDECE	NOT.
. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASE ECIFY THE AMOUNT OF ASBESTOS BELOW:	DECTOO III		
		AL THAT WILL N	IOT BE REMOVED.
Friable Asbestos Materi to be removed Category	rial to be removed	Non-Friable Asbe	stos Material
c wrap - Lillear Feet		to be removed Cat	egory I
ES- Linear Meters 300 Li	_F		
face Area - Square Feet			
1		480 SF	
		480 SF	
ume RACM off Facility Component - Cubic Feet		480 SF	
Jame RACM off Facility Component - Cubic Feet Jame RACM off Facility Component - Cubic Meters		480 SF	
ıme RACM off Facility Component - Cubic Feet	Start: 06/29/20		
re Wrap - Linear Feet 2ES- Linear Meters face Area - Square Feet face Area - Square Meters		to be removed Cat	egory I

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Name: N/A	Title:				
Authority:					
Date if Order (MM/DD/YY):	e if Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):				
XV. FOR EMERGENCY RENOVATIONS					
Date and Hour of Emergency (MM/DD/YY):					
Description of the Sudden, Unexpected Event:					
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Explanation of How the Event caused Unsafe Conditions or Serio	ous Disruption of Industri	ial Operation:			
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Signature of Owner/Operator Project Manager		Date			
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT		Butt			
Signature of Owner/Operator Project Manager	07-0	13-2914			
Signature of Owner/Operator Project Manager	* * *	Date			